PRESTON COUNTY SCHOOLS
FUND-RAISING ACTIVITY REQUEST

Office Use Only
Date Received

Name of School: _____

Name of Organization: _____

Contact Person: _____

Phone Number/Email: _____

All Fund Raisers must comply with Preston Co. Board *Policy §5-21*, Accounting Procedures Manual for Public Schools in West Virginia (*Chapter 1-34*), and State Standards for School Nutrition Policy 4321.1 (*§126-86*).

Complete Information for Line 1 – 11 or Mark N/A

1. Activity Name: _____
2. Location of Activity: _____
3. Date(s) of Activity: _____
4. Description of Goods or Services being Sold or Provided: _____

   _____

   _____
5. Reason/Need for Fundraising Activity: _____

   _____

   _____
6. Name of any outside business/company involved: _____
7. Number of students or grades participating: _____
8. Your organization's percentage of profit: _____ %
9. If outside business/company, their profit margin: _____ %
10. Projected Revenue to be Raised: $ _____
11. Will School Facility need to be reserved? ☐ YES ☐ NO

    (**If yes, please fill out Facility Use Form and attach**) FY _____ # _____

No Fundraiser may begin without first being approved by the BOE.
All fundraisers are subject to audit.

For Office Use Only

Principal Signature: _____ Date: _____

Treasurer/CSBO Signature: _____ Date: _____

Superintendent Signature: _____ Date: _____

Approved: _____ Denied: _____

Comments: _____

Form FY19 FY ____ No. ____